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7590 11/02/2005

Jeffrey C. Hood
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01/18/2006 CNGUYEN1 00000070 501505 10051574

01 FC:1501 1400.00 DA
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Jeffrey C. Hood	(Depositor's name)
<i>JKH</i>	
1/11/2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/051,574	01/18/2002	Bruce Ferguson	5650-02000	5836

TITLE OF INVENTION: SYSTEM AND METHOD FOR PRE-PROCESSING INPUT DATA TO A SUPPORT VECTOR MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/02/2006
EXAMINER	ART UNIT	CLASS-SUBCL ASS			
HOLMES, MICHAEL B	2121	706-021000			

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p>1 Meyertons Hood Kivlin Kowert & Goetzel, P.C.</p> <p>2 Jeffrey C. Hood</p> <p>3 Mark S. Williams</p>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO-BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pavilion Technologies, Inc.

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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The Director is hereby authorized to pay the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5450-0200 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature JKH

Date 1/11/2006

Typed or printed name Jeffrey C. Hood

Registration No. 35,198

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